Save file with new name

All tables of data can be seen on the "lookup tables" tab

All sheets are protected. Left and right arrows used to navigate within form

Protection can be remove- at your own peril! Use "tools", "protection", "unprotect sheet".

If you find formula errors of other glitches, let me know!

Sandon.Shepard@state.ma.us

Good Luck!

Step	Tab	Action
1	DATA	Enter Provider info
2	DATA	For Contract number, break last 6 digits before "DMR00000" into two parts
3	DATA	First two indicate Region and Area
4	DATA	Next four are unique contract identifiers
5	DATA	Type first two into "Reg/Area" box
6	DATA	Type next four into "seg#" box
7	DATA	Enter Unit Code (Regional Contract Office will provide correct number
8	DATA	Enter region number- address will populate automatically
9	DATA	Enter relevant contact information as indicated
10	DATA	Dates:
	DATA	Box 1,3,5- always the original start date of contract
	DATA	only enter in box 1
	DATA	box 2 First year of contract end date
	DATA	box 4 Current year end date- FY 2006 = June 30, 2006
	DATA	box 6 New year end date- FY 2007= June 30, 2007
	DATA	box 9 Total contract end date-> final after all renewals
		ata is color coded- colors on program budget match prog, budget and rate calc tabs
		Provider info and DMR info automatically carries forward
		Can use up to 6 program budgets
	_	If program budget is cost reimbursement, put "x" in box next to program
		Fill in Activity code
		Fill in UFR code for that program
		Fill in CFDA number (only for federally funded programs)
	_	Fill in program name, address, city/town, state, zip and zip 4
	_	If not using other program budget info (programs 2-6), leave blank
	_	In Program Summary Section, indicate with "x" active budgets
	Prog 1	In fiscal terms, indicate Option 3, budget type- either unit or cost reimb
	Prog 1	Ready Payment amount calculates at 1/24, round down to lower \$1,000
	Budget 1	Enter UFR titles for all positions funded in contract
	Budget 1	Enter relevant FTE numbers and dollar amounts for each UFR title
	Budget 1	Off to the right of the form, fields calculate average salaries- check for quality of data
	Budget 1	Enter payroll tax and fringe amounts
	Budget 1	Enter Occupancy costs as needed
	Budget 1	Enter UFR titles and expenses for Other Direct Care items
	Budget 1	For vehicle expenses:
	Budget 1	use 208 for Contracted transportation
	Budget 1	208.1 for vehicle expenses (lease, operating expenses)
	Budget 1	208.2 for vehicle depreciation
	Budget 1	Enter Program support and Direct admin expenses
	Budget 1	Enter Agency administrative expense (indirect cost)
	Budget 1	Enter Board approved capitalization level at *** at the bottom of the page
	Rate 1	Enter offsets (occupancy, non- occupancy, and other)
	Rate 1	Enter program capacity as a number
	Rate 1	Enter Type of unit
	Rate 1	Enter share of program being purchased under this contract (100% or less)
	Rate 1	Number of units purchased ties to % (above). Modify % to reach desired number of units.
	Rate 1	Enter utilization factor (standard = 85%)
	Rate 1	On right, calculation shows amt. remove for whole unit max ob (100% DMR purchase only)
•	•	AMENDMENT 6 hudgets final1. Instructions

49	Repeat Ste	ps 20-48 as necessary for other programs (2-6)
50	Attach A	Fill in sections- add pages as necessary
51	Amend	Enter Current maximum obligation of contract- same as final from FY 2006
52	Amend	Select Amendment type- for 2007 renewals, "Amendment to Exercise Option to Renew"
53	Amend	Check relevant boxes for performance, max ob, duration, rates and dates
54	Amend	For renewals, Max ob, rate and dates should always be selected
55	Amend	Enter reason for amendment. Provide details as necessary
56	Print all page	ges
57	Sign	Return to Regional Contract Office

	ENTRY FORM		2007	200		DATA ENTRY				
PROVIDI	ER INFORMA	ATION			<b>AGENCY</b>	Y INFORMA				
Corporate Name Address				Contrac	t Info:	CT/RPO	Reg/Ar	ea	Seq#	
Address	•			Unit C		/				_
	T			Onte	Juc					
City / Town State:	Eip:	Zip + 4:		Contra	ct #:	7100070	00000DI	MR0	0000	
Vendor Code (VCC#)				Departm	nent Name:	Department of	of Mental	Retai	dation	
FEIN			ı	Reg	ion Number					_
				Contra	cting Entity:		#N/A			_
Corporate Phone: Area	Numbe	er			Address:		#N/A			
Corporate Fax #: Area	Numbe	er		(	City / Town:		#N/A			
Contracts Contact		•		State:	MA	Zip Cod	le:	#N	/A	
Contact Phone: Area	Numbe	er		Departm	ent Contact:					
				Contact Phone	e: Area	Numb	er			
					CONTRA	ACT DURAT	IONS			
				Dates o	of Service:	Fiscal	Year:		2007	
				1. Origina	ıl Start Date:	2. Fi	rst Year	End !	Date:	
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					ear Start Da y 0, 1900	te: 4. Cur	rent Yea	r Enc	1 Date:	
					ar Start Date	. 6 N	ew Year	End	Data	
					y 0, 1900	0. 1	ew i eai	End .	Date.	
				Janual	J 0, 1700					_
				AMENDMEN NUMBER:	T 5 00	7. Tota	ıl Contra	ct En	d Date:	
				RFR Re	eference #:					_

PRO	OVIDE.	R INFORM	<i>ATION</i>			AGENCY	INFORM.	ATION	
Corporate	_					ent Name:		t of Mental Retar	rdation
1	Address:				Regio	on Number		0	
City	/ Town:				Contract	ing Entity:		#N/A	
State:	Zi	ip:	Zip + 4:			Address:		#N/A	
CO	NTRAC	T INFORM	ATION		C	ity / Town:		#N/A	
C 4 4 I	C	CT/RPO Y	Area/Reg	Seq#	State:	MA	Zip Co	ode: #N	I/A
Contract In	110:	0000 7	00	0	Departme	nt Contact:	_	0	
	11	<b>-</b> 1000-	20000077	20000	Contact Phone:	Area	0 Num	nber 000 -	0000
Contract	#:	7100070	00000DMF	<b>K</b> 00000	4.1653/53		MBEB		
Fill in relevant infor						MENT NU	MBER:	00	
		gets, leave unus	leave Blank, Co		000-000-0000	Τ,	If Unit Rate	, leave Blank, Cos	t
PROGRAM	1		enter X->		PROGRAM	4		, enter X->	
Activi	ty Code:				Act	ivity Code:			
Activity Cod	le Name:	#N/A			Activity C	ode Name:	#N/A		
UFR Program		CFDA #: (If			UFR Program		CFDA #: (If		
Code:	) I	Funds	)		Code:		Funds	s)	
	n Name:					ram Name:			
Program A						n Address:			
	/ Town:		, ,			ity / Town:		, ,	
State:	Zi	ip:	Zip + 4:		State:	Z	ip:	Zip + 4:	
PROGRAM	2		leave Blank, Co , enter X->	ost	PROGRAM	5		, leave Blank, Cos ı, enter X->	t
Activi	ty Code:			<u> </u>	Act	ivity Code:		,	·
Activity Cod	e Name:	#N/A				ode Name:	#N/A		
UFR Program		CFDA #: (If	Federal		UFR Program		CFDA #: (It	f Federal	
Code:		Funds	)		Code:		Funds	s)	
Progran	n Name:				Progr	ram Name:			
Program A	Address:				Program	n Address:			
City	/ Town:				C	ity / Town:			
State:	Zi	ip:	Zip + 4:		State:	Z	ip:	Zip + 4:	
PROGRAM	3		leave Blank, Co , enter X->	ost	PROGRAM	6		, leave Blank, Cos n, enter X->	t
Activi	ty Code:				Act	ivity Code:	•		
Activity Cod	e Name:					ode Name:			
UFR Program		CFDA #: (If	Federal		UFR Program		CFDA #: (If	Federal	
Progran	n Name:				Progr	ram Name:			
Program A	Address:				Progran	n Address:			
City	/ Town:				C	ity / Town:			
State:	Zi	ip:	Zip + 4:		State:	Z	ip:	Zip + 4:	
	Progr	ram Summa	ry					-	
Check if box with "					1				
Active on this contr	ract		Amoun	t					
Program 1				-					
Program 2		<u> </u>		-					
Program 3		<u> </u>		-					
Program 4		<u> </u>		-					
Program 5		<u> </u>		-					
Program 6				-					
Maximum Obligation	on for thi	s							
contract	NIPA / PAIT	6 budgets.finali		-	<u>[</u>				

DOC ID NUMBER: 0 DMR 71000700000DMR00000 Object Code

## COMMONWEALTH OF MASSACHUSETTS STANDARD CONTRACT AMENDMENT FORM

This Amendment Form is jointly issued by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) for use by all Commonwealth Departments. Any changes or electronic alterations, by either the Department or the Contractor, to the official printed language of this form as published by ANF, CTR and OSD shall be void. Contract Amendments must be authorized as part of the original Contract procurement and must be executed contemporaneously with the need for the Contract Amendment and prior to the scheduled termination date of this Contract.

	NT NAME:		
Dep	artment of Me	ntal Retardation	n
ADDRESS:			
	#N/A	Λ	
ACT INFORMAT	ΓΙΟΝ		
) DMR	6100060000	00DMR00000	
		January 0, 1900	
	rumenty.		
	<u>\$</u> t contain a Maximum Ob	ligation )	
			JТ
			11
. —			
AMEND	MENT TO EXERCISE ( Check all th	COPTION TO RENEV	<u>W</u>
Amendn	,	** * *	
	,	•	
Amendn	nent To Contract Date	s of Performance	
Other:	(Explain)		
locumentation detailin	g amendments(s) ):		
te "N/A" if not applica	ble or "N/C" for no cha	nge):	
te "N/A" if not applica START:	ble or "N/C" for no cha N/C TER	= '	/C
START:		= '	/C
START:	N/C TER	MINATION: N/	
START:	N/C TER	MINATION: N/	
START:	N/C TERM ncludes Total of "Currenact, Statewide Contract	MINATION: N/  nt Total Maximum Oblig  t or Qualified List	gation"
START:	N/C TERM ncludes Total of "Currenact, Statewide Contract	MINATION: N/  nt Total Maximum Oblig  t or Qualified List  endment Form and any	gation"
START:	N/C TERM  ncludes Total of "Currer vact, Statewide Contract of perjury that this Am cable laws and regulation	MINATION: N/  nt Total Maximum Oblig  t or Qualified List  endment Form and any	gation"
START:	N/C TERM  ncludes Total of "Currer vact, Statewide Contract of perjury that this Am cable laws and regulation	MINATION: N/  nt Total Maximum Oblig  t or Qualified List  endment Form and any	gation"
START:	N/C TERM  meludes Total of "Current act, Statewide Contract  of perjury that this Ameable laws and regulation at below:	MINATION: N/  nt Total Maximum Oblig  t or Qualified List  endment Form and any	gation"
START:	N/C TERM  meludes Total of "Currented, Statewide Contract  of perjury that this Ameable laws and regulation ate below:  DEPARTMENT:	MINATION: N/  nt Total Maximum Oblig  t or Qualified List  endment Form and any	gation"
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) (t h	ADDRESS:  ACT INFORMA  DMR  OO  I Start Date and Amer  Contract that does not her "STANDARD  ack off any applicab  Amenda  Amenda  Amenda  Other:  Occumentation detailing	ADDRESS:  #N/A #N/A #N/A ACT INFORMATION  DMR 6100060000  TERMINATION:  t Start Date and Amendment):  endments To Date):  Contract that does not contain a Maximum Obter  "STANDARD AMENDMENT"  ack off any applicable amendments under the contract Performance of the contract Maximum of the contract Budge of th	#N/A #N/A #N/A ACT INFORMATION  DMR 61000600000DMR00000  TERMINATION: January 0, 1900 t Start Date and Amendment): endments To Date):  **Contract that does not contain a Maximum Obligation.) her "STANDARD AMENDMENT " OR " AMENDMEN neck off any applicable amendments under that column.  AMENDMENT TO EXERCISE OPTION TO RENEY (Check all that apply)  Amendment To Contract Performance  Amendment To Contract Budget OR Rates  Amendment To Contract Dates of Performance  Other: (Explain)

The Department must file the original record copy of any Contract Amendment with the original record copy of the Contract being amended. Record copies will be located at either OSC, OSD or the Department (if the Department has been approved for Contract Delegation authority).

Issued 5/12/97

# ATTACHMENT A: RENEWAL/AMENDMENT SUMMARY FORM

Contract Number		710007000000DMR00000		Amendn	nent N	umber	0
Renewal Year	2007	Renewal Dates of Service: From	1	/1/1900	То	1	/0/1900

CONTR	ACT	CIIN	лу д	DV
CUNIK	<b>A</b> ( )		/	NK Y

·	CONTRACT	SUMMAKI	
Provider Name			
Program Name	0	Activity Code:	
Program Locations			
Summarize the program	n narrative which may include information regard	ing the program's service elemen	ts and/or its client profile. Incorporate
any program changes w fiscal year.	hich occurred during the amendment process and	or any changes made in the conf	ract renewal negotiations for this
	W. IV. I		
	Highlight any significant pro	grammatic or fiscal changes	
	Identify any modifications to the outcome	measures of performance based of	bjectives

FY 2007

Program Number	1
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# ATTACHMENT 1: PROGRAM COVER PAGE

Contractor / Provider Name :		Department Name:					
		Department of Mental Retardation					
Program Type :		Docun	nent ID #:				
#N/A	A		7	1000700	0000DMR00	000	
Program Name :		Vendo	r Code Number	:	CFDA # (It	f Federa	ıl Funds)
0						0	
Program Address:		MMA	RS Program Co	de:	UFR Program	n #:	
0			0			0	
City / State / Zip:		Other 1	Reference Inform	nation (For	r Information Purp	oses Or	nly ) :
, 0000	00-						
Contact Person:		Contac	t Person:				
0					0		
Telephone: 00	00-000-0000	Teleph	one :		000-000-000	0	
SCOPE OF SERVICES : Bi	tached X RFR Reference gislative exemption emergence didders Response Attached	су	collective p  Description	of Service	es Attached		amendment
TOTAL ANTICIPATED CONTRA	ACT DURATION Januar	ry 0, 1	900	to	January 0, 1	900	
INITIAL DURATION:	<b>January 0, 1900</b> to		January 0,	1900			
OPTIONS TO RENEW:	options to renew for		year (s) ea	ach option	1		
	FISCAL 7	ΓERN	1S				
					G SUMMARY		
			Prior Years		rrent Year		ture Years
		FY	Amount	FY 2007	Amount	FY	Amount
PRICE ESTABLISHED THROUGH	GH: (CHECK 1, 2, OR 3)		<u> </u>	2007	-		
	(0112011 1, 2, 011 0)		-		-		-
OPTION 1: PRICE AGREEN	MENT (list price)		-		-		-
\$			-		-		-
rate regulation (if any)					-		-
OPTION 2: SUMMARY BU	DGET ( * lines only )		<u> </u>				
unit rate	boll ( mics omy)		_		-		-
cost reimbursement			-		-		-
other_			-		-		-
	The COURT		-		-		-
OPTION 3 : COMPLETE BU unit rate	DGET		<u>-</u>	+	-		-
cost reimbursement		Total	<u> </u>	Total		Total	-
other		1000			ulti - Year Tota		0.00
CURRENT MAX	O OO UNIT				# BILLA		
OBLIGATION: §	0.00. UNII RATE: \$	ı	per l	Bed / Da	y # BILLA UNITS		-
ADDITIONAL PAYMENT OR PRICE		y Payr	nent Amount for	SM01 Sch	edule = \$	0.0	0
Capital Budget Amount \$	0.00						

	PURCHASE OF SERVICE - ATTACHMENT 3 : FISCAL YEAR PROGRAM BUDGET (# 1 )  2007  FY CONTRACTOR NAME CFDA # (If Federal Funds)										
FY											
	Program Name:	_	Document		MMARS		Amendment #:	Program		UFR Prog. #:	
	0		7100070000001	OMR0000	0		0	#N/	A	0	
UFR Title	Program Component Direct Care / Program Support Staff Overtime/Shift Differential	<u>(</u>	<u>Current</u>	Amen	ded / Change		New		IMBURSEME	NT ONLY Reimbursable	
#	& Relief (UFR Titles 101-141)	FTE	Amount	FTE	Amount	FTE	Amount	** Offset	Source	Cost	
-	-	-	-	-	-	-	-	-		-	
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-	-	-	-	-	-	-	-	-		-	
	SUBTOTAL STAFF	-	-	-	-	-	-	-		-	
	Payroll Taxes	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	-		-	
151	Fringe Benefits	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	-		-	
T	Total Direct Care / Program Staff	-	-	-	-	-	-	-		-	
Title	OCCUPANCY										
	Program Facilities		-		-		-	-		-	
***390	Fac. Oper/Main/Furn		-	1	-		-	-		-	
T	Total Occupancy		-		-		-	-		-	
UFR TITLE #	Other Direct Care / Program Support		Amount		Amount		Amount	Offset	Source	Reimbursable Cost	
-	-		-		-		-	-		-	
-	-		-		-						
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- - - - - - T	Total Other Direct Care	-	-	-	-	-	- - - - - -	-		- - - - - - - -	
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	/ Program Support	-	-	-	-	•	- - - - - -	-		- - - - - - -	
Title 216 ***410	/ Program Support Direct Admin Expenses Program Support Other Direct	-	-	-	-	•	- - - - - - - - -	-		- - - - - - - -	
Title 216 ***410	/ Program Support Direct Admin Expenses Program Support Other Direct Administrative Expenses	-	-	-	-	-	- - - - - -	-		- - - - - - - - -	
Title 216 ***410	/ Program Support Direct Admin Expenses Program Support Other Direct	-	-	-	-	-	- - - - - - - - -	-		- - - - - - - - - -	
Title 216 ***410 & 390	/ Program Support Direct Admin Expenses Program Support Other Direct Administrative Expenses Total Direct Admin Expenses Subtotal Program Costs	-	-	-	-	-	- - - - - - - - -	-		- - - - - - - - - -	
Title 216 ***410 & 390  T	/ Program Support Direct Admin Expenses Program Support Other Direct Administrative Expenses Total Direct Admin Expenses	- #DIV/0!	-	-	-	- #DIV/0!	- - - - - - - - - -	-		- - - - - - - - -	
Title 216 ***410 & 390  T  T  T	/ Program Support Direct Admin Expenses Program Support Other Direct Administrative Expenses Total Direct Admin Expenses Subtotal Program Costs Agency Admin. Support Allocation PROGRAM TOTAL	-	- - - - - - - -	-	- - - - - - - - -	#DIV/0!	- - - - - - - - - - -	-		- - - - - - - - - - - - - -	
Title 216 ***410 & 390  T  T  Com  ***Non-	/ Program Support Direct Admin Expenses Program Support Other Direct Administrative Expenses Total Direct Admin Expenses Subtotal Program Costs Agency Admin. Support Allocation PROGRAM TOTAL mercial Fee, if applica	ble (for luded ir	informational part the price paid detail Attachment 5	by the C		- %	- - - - - - - - - - - - - - -				

CFDA # ( If Federal Funds )

ATTACHMENT 4: RATE CALCULATION / MAXIMUM OBLIGATION CALCULATION PAGE

Program Name:

Contractor Name:

FY:

Program Number

T10007000000DMR00000	2007				(	)	<u>[</u>	0
NTE RATE CALCULATION  1. Program Total Costs  2a.(1) Program Offsets Applied to occupancy and meals 2a.(2) Program Offsets Applied to occupancy and meals 2a.(2) Program Offsets Applied to non-occupancy and meals 2a.(2) Other Offsets  2b. Offsets for Non-Reimbursable Costs: NOTE: Total reimbursable costs listed in line 2b must be detailed on ATTACHMENT 5.  2. SUBTOTAL OFFSETS ( Line 2A + Line 2B)  3. Net Adjusted Program Costs ( LINE 1 minus LINE 2 )  4. Total Program Capacity  5. Share of Total Capacity Being Purchased by Contract  6. Negotiated Utilization Factor, if any  7. Adjusted Capacity Used To Establish Price ( LINE 4 x LINE 6 )  8. Unit Rate ( LINE 3 / LINE 7 )  9. Maximum # of Billable Units ( LINE 5 x LINE 6 )  OTHER PRICE CALCULATION METHOD  10. Eater relevant information.  MAXIMUM OBLIGATION CALCULATION  11. FOR UNIT RATE: ( LINE 8 x line 9) FOR OTHER PRICE CALCULATION METHOD.  12. Invoice Offset  Source  Amount  (\$	]	Document ID #:	MMARS Code:	Amendment #: (I	f Applicable)	Program Type	:	UFR Prog. #
1. Program Total Costs  Source  2a.(1) Program Offsets Applied to occupancy and meals 2a.(2) Program Offsets Applied to non-occupancy and meals 2a.(2) Program Offsets Applied to non-occupancy and meals 2a.(3) Program Offsets Applied to non-occupancy and meals 2a.(4) Other Offsets  2b. Offsets for Non-Reimbursable Costs: NOTE: Total reimbursable costs listed in line 2b must be detailed on ATTACHMENT5  2. SUBTOTAL OFFSETS ( Line 2A + Line 2B)  3. Net Adjusted Program Costs ( LINE 1 minus LINE 2 )  4. Total Program Capacity  0 0 (# of Units)  5. Share of Total Capacity Being Purchased by Contract 6. Negotiated Utilization Factor, if any  8. Unit Rate ( LINE 3 / LINE 7 )  9. Maximum # of Billable Units ( LINE 5 x LINE 6 )  7. Adjusted Capacity Used To Establish Price ( LINE 4 x LINE 6 )  8. Unit Rate ( LINE 3 / LINE 7 )  9. Maximum # of Billable Units ( LINE 5 x LINE 6 )  7. OTHER PRICE CALCULATION METHOD  10. Emer relevant information:  MAXIMUM OBLIGATION CALCULATION  11. FOR COST REIMBURSEMENT : ENTER REIMBURSABLE COST TOTAL FROM PROGRAM BUDGET FOR OTHER PRICE CALCULATION METHOD, ENTER OBLIGATION FROM LINE 10 FOR COST REIMBURSEMENT : ENTER REIMBURSABLE COST TOTAL FROM PROGRAM BUDGET  5. Amount  12. Invoice Offset Source Amount  12. Subtotal 13. Program Maximum Obligation - Non - Capital Budget ( LINE 11 minus LINE 12 )  5  14. Capital Budget ( From Capital Budget From ), if applicable 5	7100	07000000DMR00000	0	00		# <b>N</b> /A		0
7 . Adjusted Capacity Used To Establish Price (LINE 4 x LINE 6)  8 . Unit Rate (LINE 3 / LINE 7)  9 . Maximum # of Billable Units (LINE 5 x LINE 6)	1 . Pro 2a.(1) Pro App 2a.(2) Pro App 2a.(c) Oth 2b. Off 2 . SU 3 . Net 4 . Tot	pgram Total Costs  ogram Offsets ogram Offsets ogram Offsets ogram Offsets ogram Offsets ogram Offsets olied to non-occupancy and meals offsets offset	sts:  arsable costs listed in  A + Line 2B )  ANE 1 minus LI	line <b>2b</b> must be detaile  NE <b>2</b> )	ed on ATTACHMENT		\$ \$ ( Type of Unit	<u>-</u>
FOR OTHER PRICE CALCULATION METHOD, ENTER OBLIGATION FROM LINE 10 FOR COST REIMBURSEMENT: ENTER REIMBURSABLE COST TOTAL FROM PROGRAM BUDGET  12 . Invoice Offset Source Amount	7 . Adj 8 . Uni 9 . Ma OTHER 10 . Ento	tusted Capacity Used To Establish Rate (LINE 3 / LINE 7 ximum # of Billable Units ( PRICE CALCULATION relevant information: UM OBLIGATION CAI	lish Price ( LINE ) ( LINE 5 x LINE N METHOD	4 x LINE 6)	\$	- - - -	(# of Units)	
15 TOTAL MANIMUM OBLICATION 6 B (LINE 12 - 11 14)	12 . Inv 12 . Sut 13 . Pro	FOR OTHER PRICE CALCUL FOR COST REIMBURSEMENT  oice Offset Source  ototal  gram Maximum Obligation -	ATION METHOD, Γ: ENTER REIMBU  Non - Capital Bud	Amou	TAL FROM PROGRAM		\$ \$	
15. TOTAL MAXIMUM OBLIGATION for Program ( LINE 13 + Line 14 )	15. то	TAL MAXIMUM OBLIGA	ATION for Progr	am ( LINE 13 + 1	Line 14 )	,	\$	

FY\_2007

Program Number	2
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# ATTACHMENT 1: PROGRAM COVER PAGE

Contractor / Frovider Name .		Depai	illelit Naille.		0.5		
				rtment	of Mental Retard	lation	
Program Type:	#N/A	Docur	nent ID #:	100070	000000DMR00	በበበ	
Program Name :	#1 <b>N</b> /A	Vand-	or Code Number		CFDA # ( I		ol Funds )
Program Name :	0	vendo	or Code Number	:	CFDA # (II	reder 0	ai runds)
Program Address:		MMA	RS Program Co	de :	UFR Progran	n #:	
	0		0			0	
City / State / Zip:		Other	Reference Inform	nation ( I	For Information Purp	oses O	nly):
	, 00000-						
Contact Person:		Contac	et Person:				
	0				0		
Telephone:	000-000-0000	Telepl	none :		000-000-000	0	
RFR INFORMATION:	Attached X RFR Reference						
	legislative exemption emerge	ncy	collective p	urchase	interim	X	amendment
SCOPE OF SERVICES:	Bidders Response Attached		Description	of Serv	ices Attached		
TOTAL ANTICIPATED CO	ONTRACT DURATION Janua	ary 0, 1	1900	to	January 0, 1	900	
INITIAL DURATION:	<b>January 0, 1900</b> to		January 0,	1900			
OPTIONS TO RENEW:	options to renew for		year (s)	ach opti	on		
	FISCAL	TERN	MS				
			Prior Years		ING SUMMARY Current Year	E:	uture Years
		FY	Amount	FY	Amount	FY	Amount
		1	-	2007	-	1.1	-
PRICE ESTABLISHED T	HROUGH: (CHECK 1, 2, OR 3)		-		-		-
			-		-		-
	GREEMENT (list price)		-		-		-
rate regulation ( if a	iny)		-		-		<u>-</u>
rate regulation ( if a					-		
OPTION 2 : SUMMA	RY BUDGET ( * lines only )		-		-		-
unit rate			-		-		-
cost reimburse	ment	<u> </u>	-		-		-
other			-		-		-
OPTION 3 : COMPLET	TE BUDGET	<b> </b>		+	-		
unit rate			-		-		-
cost reimburse	men1	Total	-	Total	-	Total	-
other_				1	Multi - Year Tota	<i>l</i> : \$	0.00
CURRENT MAX OBLIGATION: §	0.00. UNIT RATE: \$		- per	Bed / D	ay #BILLA UNITS		-
ADDITIONAL PAYMENT OR		dy Payı	ment Amount for	SM01 S	chedule = \$	0.0	00
Capital Budget Amount	\$ 0.00						

200	CHASE OF SER 7	VICE	- ATTACH	MENT	3 : FISCAI	L YEA	AR PROGRA		0	2
FY			CO	NTRACT	OR NAME			(	CFDA # ( If Fed	eral Funds )
	Program Name:		Document		MMARS		Amendment #:	Program		UFR Prog. #:
	0		710007000000	DMR000	000 0		0	#N/	A	0
UFR Title	Program Component Direct Care / Program Support Staff Overtime/Shift Differential	<u> </u>	<u>Current</u>	Amen	ded / Change		New	COST RE	IMBURSEME	NT ONLY Reimbursable
#	& Relief (UFR Titles 101-141)	FTE	Amount	FTE	Amount	FTE	Amount	** Offset	Source	Cost
-	-	-	-	-	<del>-</del> -	-	-	-		-
-	-	-	-	-	-	-	-	-		-
-	-	-	-	-	-	-	-	-		- -
-	-	-	-	-	-	-	-	-		-
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-	-	-	-	-	-	-	-	-		-
-	-	-	-	-	-	-	-	-		-
	SUBTOTAL STAFF	-	-	-	-	-	-	-		-
	Payroll Taxes	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	-		-
	Fringe Benefits  Total Direct Care /	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	-		-
T	Program Staff	-	-	-	-	-	-	-		-
Title	OCCUPANCY									
	Program Facilities Fac. Oper/Main/Furn		-		-		-	-		-
<i>T</i>	Total Occupancy				_					
UFR			_		-		_	_		
TITLE #	Other Direct Care / Program Support		Amount		Amount		Amount	Offset	Source	Reimbursable Cost
	-		-		-		-	-		-
-	-		-		-		-	-		-
-	-		-		-		-	-		-
-	-		-		<del>-</del>		-	-		-
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-	-		-		-		-	-		-
-	-		-		-		-	-		-
-	-		-		-		-	-		-
T	Total Other Direct Care / Program Support	-	-	-	-	-	-	-		-
Title	Direct Admin Expenses									
	•									
216	Program Support		-		-		-	-		-
***410	Program Support Other Direct Administrative Expenses		-		-		-	-		-
***410	Program Support Other Direct		-		-		-	-		-
***410 & 390	Program Support Other Direct Administrative Expenses Total Direct Admin		-		- - -		- - -	-		-
***410 & 390 <b>T</b>	Program Support Other Direct Administrative Expenses Total Direct Admin Expenses	#DIV/0!	- - -		- - - -	#DIV/0!	-	- - -		- - - -
***410 & 390 <b>T</b>	Program Support Other Direct Administrative Expenses Total Direct Admin Expenses Subtotal Program Costs Agency Admin. Support	#DIV/0!	- - - -	-	- - - -	#DIV/0!	-	- - - -		- - - -
***410 & 390 T T T	Program Support Other Direct Administrative Expenses Total Direct Admin Expenses Subtotal Program Costs Agency Admin. Support Allocation PROGRAM TOTAL	-	-	- purposes	only; not to be	#DIV/0! -	-	-		- - - -
***410 & 390 T T T Com	Program Support Other Direct Administrative Expenses Total Direct Admin Expenses Subtotal Program Costs Agency Admin. Support Allocation PROGRAM TOTAL mercial Fee, if applica	ble (for luded in wn on the o	informational part the price paid detail Attachment 5 MR 1.00.	by the C	commonwealth)	- % e provision	- - - - s of **A. \$	for non-reimbursable		bursement

ogram	
ımber	2

FY:	ATTACHMENT 4: RA	ntractor Name :	47 MAXIMOM OBLIGA	Program		CFDA# (If I	Federal Funds
2007				0			0
	Document ID #:	MMARS Code:	Amendment #: (If Ap)	plicable)	Program Typ	e :	UFR Prog. #
7100	007000000DMR00000	0	00		#N/A		0
UNIT RA	TE CALCULATION						
1 . Pr	ogram Total Costs					\$	
2a.(1) Pro	ogram Offsets	Source		Amour	<u>t</u>		
	plied to occupancy and meals ogram Offsets	3			<u>-</u>		
-	pplied to non-occupancy and r	neals			-		
2a.(c) Ot	her Offsets			┦	-		
21 00							
2b. Of	fsets for Non-Reimbursable C NOTE: Total reim		line 2b must be detailed or	ATTACHMENT 5			
2 . SU	BTOTAL OFFSETS ( Line	2A + Line 2B)				(_\$	)
3 . Ne	t Adjusted Program Costs (	LINE 1 minus LI	NE 2 )			\$	
4 . To	tal Program Capacity	0	0	(# of Units)	Bed / Day	_ ( Type of Unit	)
5 . Sh	are of Total Capacity Being P	rurchased by Contrac	t <u>-</u>	(# of units)	100.00%	( % of line 4 )	
6 . Ne	gotiated Utilization Factor, is	f any <b>85.0</b>	00%				
7 . Ad	ljusted Capacity Used To Esta	ablish Price ( LINE	4 x LINE 6)	_	-	(# of Units)	
8 . Un	nit Rate (LINE 3 / LINE	7)		\$_	-	_	
9 . Ma	aximum # of Billable Units	( LINE 5 x LINE	2 6)	_	-		
	IUM OBLIGATION CAR R Unit rate: ( Line 8						
	FOR OTHER PRICE CALCUFOR COST REIMBURSEMEN				DUDGET		
	TOR COST REINIBURSENE	NI. ENTER REIMBO	DRSABLE COST TOTAL	TROW TROOKAM	BODGET	\$	
12 . Inv	voice Offset Source		<u>Amount</u>				
12 . Su	htotal					( \$	- )
	ogram Maximum Obligation	- Non - Capital Bud	lget (LINE 11 minus	LINE 12)		\$	
	pital Budget (From Capital					\$	_
15 . <b>T</b> C	OTAL MAXIMUM OBLIC	GATION for Progr	am ( LINE 13 + Line	e 14 )		\$	
FOR INF	ORMATION ONLY:	Other Rev	venue Sources ( Only it	f % In LINE 5 is	less than 100 %	5)	
<b>SOURCE</b>		AM	<u>MOUNT</u>				

Program Number	3
110514111111001	J

# ATTACHMENT 1: PROGRAM COVER PAGE

Contractor / Provider Name :		Depar	tment Name:		0.5		
		<u> </u>		irtment c	of Mental Retard	dation	
Program Type:	//NT / A	Docur	ment ID #:	4 00070	^^^^		
m 37	#N/A	* 7 1			00000DMR00		• 5 1 )
Program Name:	0	Vendo	or Code Number	·:	CFDA # (I		al Funds)
D 4.11	0	2011	DO D O	1	TIED D	0	
Program Address:	^	MMA	<del>-</del>	de :	UFR Program		
/2: /2:	0	0.1	0			0	- \
City / State / Zip:		Other	Reference Inform	nation (Fe	or Information Purp	poses O	nly ) :
	, 00000-						
Contact Person:		Conta	ct Person:				
	0				0		
Telephone:	000-000-0000	Telepl	hone :		000-000-000	00	
	Attached X RFR Reference legislative exemption emerger Bidders Response Attached  ONTRACT DURATION Janua	ncy	collective p Description	of Servi	ces Attached		amendment
	<b>January 0, 1900</b> to						
OPTIONS TO RENEW:	options to renew for		year (s) ea	ach optic	on		
	FISCAL	TERI	MS				
					NG SUMMARY		
			Prior Years		urrent Year		ature Years
		FY	Amount	FY 2007	Amount -	FY	Amount
PRICE ESTABLISHED T	CHROUGH: (CHECK 1, 2, OR 3)	<b> </b>	-	2007	-		-
	, , , , , , , , , , , , , , , , , , , ,		-		-		-
OPTION 1: PRICE AC	GREEMENT (list price)		-		-		-
<u> </u>			-		-		-
rate regulation (if ar	iny )	<u> </u>	-		-		-
OPTION 2. SHMMAI	DV BUDGET ( * lines only )	⊩—	<del>-</del>		-		-
unit rate	RY BUDGET ( * lines only )	<b> </b>	<del>                                     </del>		-		<del>-</del>
cost reimburser	ment	$\vdash$	-	1			<u> </u>
other		$\parallel$	-		-		-
			-		-		-
OPTION 3 : COMPLET	LE BUDGET		-		-		-
unit rate			<u>-</u>		-		-
cost reimburser	meni	Total	<u> </u>	Total	- Iulti - Year Tota	Total	
				17.			0.00
CURRENT MAX OBLIGATION: \$	0.00. UNIT RATE: \$		- per	Bed / D	ay # BILLA UNITS		-
ADDITIONAL PAYMENT OR	PRICE SPECIFICATIONS : Rea	dy Pay	ment Amount for	SM01 Sc	hedule = \$	0.0	00
Capital Budget Amount	\$ 0.00						

200		VICE				L YEA	AR PROGR <i>A</i>		0	3
FY					OR NAME				CFDA # ( If Fed	
	Program Name :	_	Document		MMARS		Amendment #:	Program		UFR Prog. #:
	0		710007000000	DMR000	000 0		0	#N/	Ά	0
UFR Title	Program Component Direct Care / Program Support Staff Overtime/Shift Differential	<u> </u>	Current	Amen	ded / Change		New	COST RE	IMBURSEME	NT ONLY Reimbursable
#	& Relief (UFR Titles 101-141)	FTE	Amount	FTE	Amount	FTE	Amount	** Offset	Source	Cost
-	-	-	-	-	-	-	-	-		-
-	-	-	-	-	-	-	-	-		-
-	-	-	-	-	-	-	-	-		-
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-	-	-	-	-	-	-	-	-		-
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-	-	-	-	-	-	-	-	-		-
-	-	-	-	-	-	-	-	-		-
-	SUBTOTAL STAFF	-	-	-	-	-	-	-		-
150	Payroll Taxes	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	-		-
151	Fringe Benefits	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	-		-
Т	Total Direct Care / Program Staff	-	-	-	-	-	-	-		-
Title	OCCUPANCY									
301	Program Facilities		-		-		-	-		-
	Fac. Oper/Main/Furn		-		-		-	-		-
T	Total Occupancy		-		-		-	-		-
UFR TITLE #	Other Direct Care / Program Support		Amount		Amount		Amount	Offset	Source	Reimbursable Cost
-	-	Į	-		-		-	-		-
-	-		-	-	-		-	-		-
-	-		-		-		-	-		-
-	-	Ţ	-		-		-	-		-
-	-		-		<u>-</u> -		-	-		-
-	-		-		-		-	-		-
-	-	Ţ	-		-		-	-		-
-	-		-		-		-	-		-
_	Total Other Direct Care		_		-		_			-
Title	/ Program Support Direct Admin Expenses	-	-	-	-	-	-	-		-
216	Program Support		_		_		_			_
***410	Other Direct		-				-			_
& 390	Administrative Expenses		-		-		-	-		-
T	Total Direct Admin Expenses		-		-		-	-		-
T	Subtotal Program Costs		-		-		-	-		-
T	Agency Admin. Support Allocation	#DIV/0!	-		-	#DIV/0!	-	-		-
T	PROGRAM TOTAL	-	-	-	-	-	-	-		-
Com	T PROGRAM TOTAL									
	inc	wn on the	detail Attachment 5	•	Commonwealth)	_		: N/A for	Subtotal o	

	ATTACHMENT 4: RATE		ASE OF SERVICE	GATION CA	ALCULATION PA	\GE		Program Number	3
FY:	Cont	ractor Name:		I	Program Name:		CFDA # ( If	f Federal Fr	unds )
2007					0			0	
	Document ID #:	MMARS Code:	Amendment #: (If	Applicable)	Prog	ram Type	:	UFR Pro	g. #:
7100	0700000DMR00000	0	00		#	#N/A		0	
	TE CALCULATION ogram Total Costs						\$	<u>-</u>	
2 (1) D	0.00	Source			Amount				_

	Source		Amount	
2a.(1) Program Offsets			-	
Applied to occupancy and meals			ı	
2a.(2) Program Offsets			•	
Applied to non-occupancy and meals			-	
2a.(c) Other Offsets			-	
			1	
ZD. Utisets for Non-Keimbursable Costs:				
NOTE: Total reimbursable co	osts listed in line 2b must be detailed on AT	TACH	MENT 5.	

2 Not A directed December Costs (LINE 1 minus LINE 2)	
3 . Net Adjusted Program Costs ( LINE 1 minus LINE 2 )	
4 . Total Program Capacity 0 (# of Units) Bed / Day (Type of Unit)	
5 . Share of Total Capacity Being Purchased by Contract - (# of units) 100.00% (% of line 4)	
6 . Negotiated Utilization Factor, if any 100.00%	
7 . Adjusted Capacity Used To Establish Price ( LINE 4 x LINE 6 )	
8 . Unit Rate (LINE 3 / LINE 7 )	

# MAYIMUM OBLICATION CALCULATION

MAXIMUM OBLIGATION CALCULATION

11. FOR UNIT RATE: ( LINE 8 x LINE 9 )

FOR OTHER PRICE CALCULATION METHOD, ENTER OBLIGATION FROM LINE 10

FOR COST REIMBURSEMENT: ENTER REIMBURSABLE COST TOTAL FROM PROGRAM BUDGET

12.	Invoice Offset	Source	Amount		
			<del></del>		
			<del></del>		
12.	Subtotal			(_\$	)
13 .	Program Maximum	n Obligation - Non - Capital Budget (LINE	11 minus LINE 12 )	\$	
14 .	Capital Budget (F	rom Capital Budget Form ), if applicable		<u>\$</u>	
15 .	TOTAL MAXIM	UM OBLIGATION for Program ( LINE	E 13 + Line 14 )	\$	

FOR INFORMATION ONLY:	Other Revenue Sources (Only if % In LINE 5 is less than 100 %
<u>SOURCE</u>	<u>AMOUNT</u>

Program Number	4

# ATTACHMENT 1: PROGRAM COVER PAGE

Contractor / Provider Name :	Department Name:							
		Department of Mental Retardation						
Program Type :	Docur	Document ID #:						
#N/A		71000700000DMR00000						
Program Name:	Vendo	or Code Number	• •	CFDA # (1	f Feder	al Funds)		
0					0			
Program Address:	MMA	RS Program Co	de :	UFR Program	m #:			
0		0			0			
City / State / Zip:	Other	Reference Inform	nation (For	Information Pur	poses O	nly):		
, 00000-								
Contact Person:	Conta	ct Person:						
0				0				
Telephone: <b>000-000-0000</b>	Telepl	none :		000-000-000	00			
RFR INFORMATION: Attached X RFR Refere	nce #:	0						
		collective p	urchase	interim	X	amendment		
					Λ	amenament		
SCOPE OF SERVICES: Bidders Response Attached		Description	of Service	es Attached				
TOTAL ANTICIPATED CONTRACT DURATION Jan	uary 0, 1	1900	to	January 0,	1900			
INITIAL DURATION: January 0, 1900 t	0	January 0,	1900					
OPTIONS TO RENEW: options to renew for		year (s)	ach option	ı				
FISCA	. TERN	ИS						
		.10	FUNDIN	G SUMMARY				
		Prior Years	1	rrent Year	Fu	uture Years		
	FY	Amount	FY	Amount	FY	Amount		
		-	2007	-		-		
PRICE ESTABLISHED THROUGH: (CHECK 1, 2, OR 3)	-	-		-		-		
OPTION 1: PRICE AGREEMENT (list price)	-	-		<u> </u>		-		
S		-		_		_		
rate regulation ( if any )		-		-		-		
		-		-		-		
OPTION 2: SUMMARY BUDGET (* lines only)		-		-		-		
unit rate	-	-		-		-		
cost reimbursement other	-	-				-		
		-		-		-		
OPTION 3: COMPLETE BUDGET						-		
unit rate		-				-		
cost reimbursement	Total	-	Total		Total	-		
other	<u> </u>		Mı	ılti - Year Tota	u: \$	0.00		
CURRENT MAX OBLIGATION: \$ 0.00. UNIT RATE: \$		- per	Bed / Da	y # BILLA UNITS		-		
ADDITIONAL PAYMENT OR PRICE SPECIFICATIONS:	eady Pay	ment Amount for	SM01 Sch	edule = \$	0.0	00		
Capital Budget Amount \$ 0.00				<u>-</u>				

PURCHASE OF SERVICE - ATTACHMENT 3 : FISCAL YEAR PROGRAM BUDGET (# 4 )  2007  FY CONTRACTOR NAME CFDA # (If Federal Funds )											
FY					OR NA						
	Program Name:	_	Document			MMARS		Amendment #:	Program		UFR Prog. #:
	0		7100070000001	DMR000	000	0		0	# <b>N</b> /	A	0
UFR Title	Program Component Direct Care / Program Support	<u>(</u>	Current	Amen	ided /	Change		New	COST RE	IMBURSEME	
#	Staff Overtime/Shift Differential & Relief (UFR Titles 101-141)	FTE	Amount	FTE	Aı	mount	FTE	Amount	** Offset	Source	Reimbursable Cost
-	-	-	-	-		-	-	-	-		-
-	-	-	-	-		-	-	-	-		-
-	-	-	-	-		-	-	-	-		-
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-	-	-	-	-		-	-	-	-		-
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-	-	-	-	-		-	-	-	-		-
	SUBTOTAL STAFF	-	-	-		-	-	-	-		-
150	Payroll Taxes	#DIV/0!	-	#DIV/0!		-	#DIV/0!	-	-		-
151	Fringe Benefits	#DIV/0!	-	#DIV/0!		-	#DIV/0!	-	-		-
T	Total Direct Care / Program Staff	-	-	-		-	-	-	-		-
Title	OCCUPANCY										
301	Program Facilities Fac. Oper/Main/Furn		-			-		-	-		-
			-					-	-		-
T	Total Occupancy		-			-		-	-		-
UFR TITLE #	Other Direct Care / Program Support		Amount		Aı	mount		Amount	Offset	Source	Reimbursable Cost
-	-		-			-		-	-		-
-	-		-			-		-	-		-
-	-		-			-		-	-		-
-	-		-			-		-	-		-
-	-		-			-		-	-		-
-	-		-			-		-	-		-
-	-		-			-		-	-		-
-	-		-			-		-	-		-
-	Total Other Direct Care		-			-		-	-		-
T	/ Program Support	-	-	-		-	-	-	-		-
Title	Direct Admin Expenses										
	Program Support		-			-		-	-		-
***410	Other Direct Administrative Expenses		-			-		-	-		-
T	Total Direct Admin		_			_		_	_		_
T	Expenses Subtotal Program Costs										
-	Agency Admin. Support		-					-	-		
T	Allocation	#DIV/0!	-			-	#DIV/0!	-	-		-
T	PROGRAM TOTAL	-	-	-		-	-	-	-		-
** Non-	reimbursable costs must be show	luded in	n the price paid letail Attachment 5	by the C	Commo	onwealth)		\$ **A. \$	: N/A for	r Cost Reim	bursement of offsets which are
Federal	OMB Circular A - 122 and / 6  *** Contractor's Board a			tive to any	negotiate	d expense cos	ts in lines 2		for non-reimbursable o	costs.	

ATTACHMENT 4: RATE CALCULATION / MAXIMUM OBLIGATION CALCULATION PAGE

Program Number

FY:	Contr	ractor Name:		Progra	m Name :	CFDA# (If	Federal Funds
2007	0		0		0		
	Document ID #:	MMARS Code:	Amendment #: (If	Applicable)	Program Typ	oe:	UFR Prog. #
7100	07000000DMR00000	00 0 00 #N/A			0		
INIT RA	TE CALCULATION						
	ogram Total Costs					\$	_
	<b>9</b>	Source		Amo	ount		
2a.(1) Pro	ogram Offsets	Source		Alli	<u>-</u>		
	plied to occupancy and meals ogram Offsets				-		
	plied to non-occupancy and mea	als			-		
	her Offsets				-		
				_	-		
20. UII	sets for Non-Keimbursable Cos NOTE: Total reimbur		ine <b>2b</b> must be detaile	d on ATTACHMEN	- T 5 .		
2 SII	BTOTAL OFFSETS ( Line 24					( \$	- )
	t Adjusted Program Costs (L)		NE 2 )			\$	,
J . INC	Adjusted Frogram Costs (En		NE 2 )			J)	
4 . Tot	tal Program Capacity	0	0	( # of Units )	Bed / Day	( Type of Unit	)
5 . Sha	are of Total Capacity Being Pur	chased by Contract	: <u>-</u>	( # of units )	100.00%	( % of line 4 )	
6 . Ne	gotiated Utilization Factor, if a	ny <b>85.0</b>	0%				
7 . Ad	justed Capacity Used To Establ	ish Price ( LINE	4 x LINE 6)		-	(# of Units)	
8 . Un	it Rate (LINE 3 / LINE 7	)			\$ -		
9 . Ma	ximum # of Billable Units (	LINE 5 x LINE	6)				
	UM OBLIGATION CAL						
	R UNIT RATE: ( LINE $8\ x$ FOR OTHER PRICE CALCULA		ENTER OBLIGATION	FROM LINE 10			
	FOR COST REIMBURSEMENT				AM BUDGET		
	_					\$	
12 . Inv	oice Offset Source		<u>Amou</u>	<u>nt</u> -			
				-			
12 . Sul	ototal					( \$	- )
13. Pro	gram Maximum Obligation - l	Non - Capital Bud	get (LINE 11 min	us LINE 12 )		\$	
14 . Ca <sub>1</sub>	pital Budget (From Capital B	Budget Form ), if	applicable			\$	
15. то	OTAL MAXIMUM OBLIGA	TION for Progra	am ( LINE 13 + I	ine 14 )		\$	
FOR INF	ORMATION ONLY:	Other Roy	enue Sources ( Onl	v if % In LINE	5 is less than 100 %		

<u>AMOUNT</u>

**SOURCE** 

FY 2007

Program Number	5
----------------	---

# ATTACHMENT 1: PROGRAM COVER PAGE

Contractor / Frovider Name .		Department Name.							
D		Department of Mental Retardation							
Program Type :	#N/A	Document ID #: 71000700000DMR00000							
Program Name :		Vendo	r Code Number		CFDA # (If		al Funds)		
	0					0			
Program Address:		MMA	RS Program Co	de :	UFR Progran	n #:			
	0		0			0			
City / State / Zip:		Other	Reference Inform	nation ( I	For Information Purp	oses O	nly):		
	, 00000-								
Contact Person:		Conta	et Person:						
	0				0				
Telephone:	000-000-0000	Telepl	none :		000-000-000	0			
RFR INFORMATION:	Attached X RFR Referenc	e #:	0						
	legislative exemption emerge	ncy	collective p	urchase	interim	X	amendment		
SCOPE OF SERVICES:	Bidders Response Attached		Description	of Serv	ices Attached				
TOTAL ANTICIPATED CO	ONTRACT DURATION Janua	ary 0, 1	1900	to	January 0, 1	900			
INITIAL DURATION:	<b>January 0, 1900</b> to		January 0,	1900					
OPTIONS TO RENEW:	options to renew for		vear (s)	ach opti	on				
				-г	-				
	FISCAL	TERN	MS						
					ING SUMMARY				
		FY	Prior Years Amount	FY	Current Year Amount	FY	uture Years Amount		
		1 1	- Amount	2007	Amount -	1.1	Amount -		
PRICE ESTABLISHED T	HROUGH: (CHECK 1, 2, OR 3)		-		-		-		
			-		-		-		
	GREEMENT (list price)		-		-		-		
rate regulation ( if a	ny)		-		-		<u>-</u>		
1400 10841401011(114			-		-		-		
OPTION 2: SUMMA	RY BUDGET ( * lines only )		-		-		-		
unit rate			-		-		-		
cost reimburse other	ment		-		-		<u> </u>		
	_		-		-		-		
OPTION 3 : COMPLET	TE BUDGET		-		-		-		
unit rate cost reimburse	mani	T	-	T-/ 1	-	T-4 1	-		
other	meni	Total	-	Total	- Multi - Year Tota	Total // S	0.00		
	KINIKA	<u> </u>		1			V.00		
CURRENT MAX OBLIGATION: \$	0.00. UNIT RATE: \$		- per	Bed / D	ay # BILLA UNITS		-		
ADDITIONAL PAYMENT OR		dy Payı	ment Amount for	SM01 S	chedule = \$	0.0	00		
Capital Budget Amount	\$ 0.00								

200	PURCHASE OF SERVICE - ATTACHMENT 3 : FISCAL YEAR PROGRAM BUDGET (# 5 )  2007  FY CONTRACTOR NAME CFDA # (If Federal Funds)									
FY		_								
	Program Name:	_	Document		MMARS		Amendment #:	Program		UFR Prog. #:
	0		710007000000	DMR000	000		0	#N/	'A	0
UFR Title	Program Component Direct Care / Program Support Staff Overtime/Shift Differential	<u>(</u>	Current	Amen	ded / Change		New	COST RE	IMBURSEME	NT ONLY Reimbursable
#	& Relief (UFR Titles 101-141)	FTE	Amount	FTE	Amount	FTE	Amount	** Offset	Source	Cost
-	-	-	-	-	-	-	-	-		-
-	-	-	-	-	-	-	-	-		-
-	-	-	-	-	-	-	-	-		-
-	-	-	-	-	-	-	-	-		-
-	-	-	-	-	-	-	-	-		-
-	-	-	-	-	-	-	-	-		-
-	-	-	-	-	-	-	-	-		-
-	-	-	-	-	-	-	-	-		-
-	-	-	-	-	-	-	-	-		-
-	-	-	-	-	-	-	-	-		-
-	-	-	-	-	-	-	-	-		-
-	-	-	-	-	-	-	-	-		-
-	-	-	-	-	-	-	-	-		-
-	-	-	-	-	-	-	-	-		-
-	- SUBTOTAL STAFF	-	-	-	-	-	-	-		-
150	Payroll Taxes	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	-		-
151	Fringe Benefits	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	-		-
T	Total Direct Care / Program Staff	-	-	-	-	-	-	-		-
Title	OCCUPANCY									
301	Program Facilities		-		-		-	-		-
	Fac. Oper/Main/Furn		-		-		-	-		-
T	Total Occupancy		-		-		-	-		-
UFR TITLE #	Other Direct Care / Program Support		Amount		Amount		Amount	Offset	Source	Reimbursable Cost
-	-	Ţ	-		-		-	-		-
-	-		-		-		-	-		-
-	-		-		-		-	-		-
-	-		-		-		-	-		-
-	-		-		-		-	-		-
-	-		-	1	-		-	-		-
-	-	İ	-		-		-	-		-
-	-		-		-		-	-		-
	Total Other Direct Care		-		-		-	-		
Title	/ Program Support Direct Admin Expenses	-	-	-	-	-	-	-		-
216	Program Support		_		_			_		
***410	Other Direct		-		-		-			-
& 390	Administrative Expenses		-		-		-	-		-
T	Total Direct Admin Expenses		-		-		-	-		-
T	Subtotal Program Costs		-		-		-	-		-
T	Agency Admin. Support Allocation	#DIV/0!	-		-	#DIV/0!	-	-		-
T	PROGRAM TOTAL	-	_	-	_	-	-	_		-
T PROGRAM TOTAL										
Com	mercial Fee, if applica	luded in	the price paid detail Attachment 5	by the C	Commonwealth)	_		: N/A for		bursement of offsets which are

12/19/2003

**Program** 

ogi	ram	
um	ber	

FY:		TACHMENT 4: RATE CALCULATION / MAXIMUM OBLIGATION CALCULATION PAGE  Contractor Name: Program Name:			Number 5 f Federal Funds	
2007		0		0		0
	Document ID #:	MMARS Code:	Amendment #: (If Applica	able) Program	Туре :	UFR Prog. #
7100	07000000DMR00000	0	00	# <b>N</b> /.	A	0
JNIT RA	TE CALCULATION					
	ogram Total Costs				\$	
1.11	ogram Total Costs	G			Ψ	
2a.(1) Pro	ogram Offsets	Source		Amount -		
Ap	plied to occupancy and meals	5		-		
. ,	ogram Offsets			-		
	plied to non-occupancy and r ner Offsets	neals		-		
2a.(c) Oi	iei Offsets			-		
∠0. O⊓	sets for Non-Keimbursable C	Costs:		_		
	NOTE: Total reim	bursable costs listed in	line 2b must be detailed on AT	TACHMENT 5.		
2 . SU	BTOTAL OFFSETS ( Line	2A + Line 2B)			(_\$	)
3 . Ne	Adjusted Program Costs (	LINE 1 minus LI	NE 2 )		\$	_
4 . To	al Program Capacity	0	0 (#	of Units ) Bed / Day	( Type of Un	it)
5 . Sha	re of Total Capacity Being P	rurchased by Contrac	(#	of units ) 100.00%	( % of line 4 )	
6 . Ne	gotiated Utilization Factor, is	f any <b>100.</b>	00%			
7 . Ad	justed Capacity Used To Esta	ablish Price ( LINE	4 x LINE 6)		( # of Units )	
8 . Un	it Rate (LINE 3 / LINE	7)		\$	-	
9 . Ma	ximum # of Billable Units	(LINE 5 x LINE	E 6)		-	
	UM OBLIGATION CAR UNIT RATE: (LINE 8					
			ENTER OBLIGATION FROM	1 LINE 10		
	FOR COST REIMBURSEME	NT : ENTER REIMBU	URSABLE COST TOTAL FRO	OM PROGRAM BUDGET	<b>C</b>	
10 1					\$	
12 . Inv	oice Offset Source		<u>Amount</u>	_		
				<u>-</u>		
12 . Sul	ntotal			<u>-</u>	( \$	<b>-</b> )
		- Non - Capital Bud	lget (LINE 11 minus LIN	NE 12 )	\$	
	oital Budget (From Capital			,	\$	
					<del></del>	
13. TO	TAL MAXIMUM OBLIC	SATION for Progr	ram ( LINE 13 + Line 14	<b>)</b>	\$	

**AMOUNT** 

**SOURCE** 

Program Number	6
	-

# ATTACHMENT 1: PROGRAM COVER PAGE

Contractor / Provider Name :	'	Department Name:						
		<u> </u>	•	rtment o	of Mental Retard	dation		
Program Type:	Document ID #:							
	N/A	71000700000DMR00000						
Program Name:	0	Venac	or Code Number	:	CFDA # (It	f Federa	al Funds)	
Program Address:	*	ММА	DC Drogram Co	da ·	UFR Program			
=	0	IVIIVIA	RS Program Co	ue.	UFK Hogian	0		
City / State / Zip:		Other		eation (F	or Information Purp		nlv)·	
	0000-	Outer	Reference inform	iation (1	or imormunon i air	00303 0	iiiy <i>)</i> .	
Contact Person:		Conta	ct Person:					
1	0				0			
Telephone :	000-000-0000	Telepl	none :		000-000-000	0		
SCOPE OF SERVICES:	Attached X RFR Reference legislative exemption emergence Bidders Response Attached RACT DURATION January 0, 1900 to	ry 0, 1	collective p Description	of Servi	ices Attached	X 1900	amendment	
	<u> </u>							
OPTIONS TO RENEW:	options to renew for		year (s) ea	ach option	on			
	FISCAL	TERN	MS	FINIDI	NO CHAMADA			
	1	<u> </u>	Prior Years		NG SUMMARY current Year	Fı	uture Years	
	1	FY	Amount	FY	Amount	FY	Amount	
			-	2007	-		-	
PRICE ESTABLISHED THRO	OUGH: (CHECK 1, 2, OR 3)		-		-		-	
OPTION 1: PRICE AGRE	EMENT (list price)	<u> </u>	-		-		-	
	ENIENT (list price)		-		-			
rate regulation (if any)				<u> </u>				
			_		-		-	
OPTION 2: SUMMARY F	BUDGET ( * lines only )	<b> </b>	-		-		-	
unit rate	1	<b> </b>	-		-		-	
cost reimbursement other	1	<b> </b>	-	<del>                                     </del>	-		<u>-</u>	
Outer_	<del></del> !	<del> </del>	-		-		<u> </u>	
OPTION 3: COMPLETE B	BUDGET		-		-		-	
unit rate	!			<u> </u>	-		-	
cost reimbursement	1	Total	-	Total	-	Total	_	
other		<u></u>		<i>N</i>	<u> 1ulti - Year Tota</u>	<u>l: \$</u>	0.00	
CURRENT MAX OBLIGATION: \$	0.00. UNIT RATE: \$		- per	Bed / D	ay # BILLA UNITS		-	
ADDITIONAL PAYMENT OR PRI	ICE SPECIFICATIONS : Read	dy Pay	ment Amount for	SM01 Sc	chedule = \$	0.0	00	
Capital Budget Amount	\$ 0.00							

	PURCHASE OF SERVICE - ATTACHMENT 3 : FISCAL YEAR PROGRAM BUDGET (# 6 )									
FY			CO	NTRACT	OR NAME			(	FDA # ( If Fed	eral Funds )
	Program Name:		Document	ID #:	MMARS	Code:	Amendment #:	Program	Type:	UFR Prog. #:
	0	71000700000DMR00000 <b>0</b> #N/A		A	0					
UFR Title	Program Component Direct Care / Program Support Staff Overtime/Shift Differential	<u>(</u>	Current	Amen	ded / Change		New	COST RE	MBURSEME	NT ONLY Reimbursable
#	& Relief (UFR Titles 101-141)	FTE	Amount	FTE	Amount	FTE	Amount	** Offset	Source	Cost
-	-	-	-	-	-	-	-	-		-
-	-	-	-	-	-	-	-	-		-
-	-	-	-	-	-	-	-	-		-
-	-	-	-	-	-	-	-	-		-
-	-	-	-	-	-	-	-	-		-
-	-	-	-		-	-	-	-		-
-	-	-	-	-	-	-	-	-		-
-	-	-	-	-	-	-	-	-		-
-	-	-	-	-	-	-	-	-		-
-	-	-	-	-	-	-	-	-		-
-	-	-	-	-	-	-	-	-		-
-	- -	-	-	-	<del>-</del>	-	-	-		-
-	-	-	-	-	-	-	-	-		-
	SUBTOTAL STAFF Payroll Taxes	#DIV/0!	-	#DIV/0!	<u>-</u>	#DIV/0!	-	-		-
	Fringe Benefits	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	-		-
T	Total Direct Care / Program Staff	-	-	-	-	-	-	-		-
Title	OCCUPANCY									
	Program Facilities Fac. Oper/Main/Furn		-		-		-	-		-
T	Total Occupancy		-		-		-	-		-
UFR TITLE #	Other Direct Care / Program Support		Amount		Amount		Amount	Offset	Source	Reimbursable Cost
-	-		-		-		-	-		-
-	-		-		-		-	-		-
-	-		-		-		-	-		-
-	-		-		-		-	-		-
-	-		-		-		-	-		-
-	-		-		-		-	-		-
-	-		-		-		-	-		-
-	-		-		-		-	-		-
T	Total Other Direct Care / Program Support	-	-	-	-	-	-	-		-
Title	Direct Admin Expenses									
	Program Support Other Direct		-		-		-	-		-
& 390	Administrative Expenses		-		-		-	-		-
T	Total Direct Admin Expenses		-		-		-	-		-
T	Subtotal Program Costs		-		-		-	-		-
T	Agency Admin. Support Allocation	#DIV/0!	-		-	#DIV/0!	-	-		-
T	PROGRAM TOTAL	-	-	-	-		-	-		<u>-</u>
** Non-	Commercial Fee, if applicable (for informational purposes only; not to be included in the price paid by the Commonwealth) %  *Non-reimbursable costs must be shown on the detail Attachment 5 when the program is subject to the provisions of ederal OMB Circular A - 122 and / or 808 CMR 1.00.  ***Contractor's Board approved capitalization level relative to any negotiated expense costs in lines 208, 215, 390 or 410 is \$  ***Contractor's Board approved capitalization level relative to any negotiated expense costs in lines 208, 215, 390 or 410 is \$									

ATTACHMENT 4: RATE CALCULATION / MAXIMUM OBLIGATION CALCULATION PAGE

Program Number

6

FY:	Cor	ntractor Name:		Program Nar	ne:	CFDA # ( If Federal Funds		
2007				0				
	Document ID #:	MMARS Code:	Amendment #: (If Applica	ible)	Program Typ	e:	UFR Prog. #	
710	007000000DMR00000	0	00		#N/A		0	
UNIT RA	ATE CALCULATION							
	rogram Total Costs					\$	_	
Ap	rogram Offsets epplied to occupancy and meals rogram Offsets	Source		Amount	- - -			
_	opplied to non-occupancy and m ther Offsets	neals			- - -			
2b. Of	ffsets for Non-Reimbursable C NOTE: Total reimb		ine <b>2b</b> must be detailed on <b>AT</b>	TACHMENT 5.	_			
2 . su	JBTOTAL OFFSETS ( Line	2A + Line 2B)				(_\$	)	
3 . No	et Adjusted Program Costs (	LINE 1 minus LI	NE 2 )			\$		
4 . To	otal Program Capacity	0	(#	of Units )	Bed / Day	_( Type of Unit	t)	
5 . Sh	nare of Total Capacity Being Po	urchased by Contract	- (#6	of units )	100.00%	_ ( % of line 4 )		
6 . No	egotiated Utilization Factor, if	any <b>85.0</b>	0%					
7 . Ad	djusted Capacity Used To Esta	blish Price (LINE	4 x LINE 6)			( # of Units )		
9 . M	nit Rate (LINE 3 / LINE 7 aximum # of Billable Units	(LINE 5 x LINE	6)	\$	<u>-</u>	_		
<u>OTHER</u>	R PRICE CALCULATIO	N METHOD						
	MUM OBLIGATION CADE UNIT RATE: (LINE 8 X FOR OTHER PRICE CALCUL FOR COST REIMBURSEMEN	LATION METHOD, I			IDGET			
	TOR COST REINIBORSEMEN	VI. EIVIER REIMBO	KSABLE COST TOTAL TRO	JW TROGRAW BC	/DGL1	\$		
12 . In	voice Offset Source		<u>Amount</u>	<u>-</u>				
12 . Su 13 . Pr	ubtotal ogram Maximum Obligation	- Non - Capital Bud	get (LINE 11 minus LIN	- NE 12 )		( <u>\$</u>	) )	
14 . Ca	apital Budget (From Capital	Budget Form ), if	applicable			\$		
15. TO	OTAL MAXIMUM OBLIG	ATION for Progra	nm ( LINE 13 + Line 14	1)		\$		
FOR INF	FORMATION ONLY:		enue Sources ( Only if %	In LINE 5 is le	ss than 100 %	<u> </u>		

## PURCHASE OF SERVICE ATTACHMENT 6: CAPITAL BUDGET:

For Purchase of Capital Assets With Commonwealth Funds

FY:		Contr	actor Name:		Pro	gram Name	e :	CFDA #	( If Federal Funds )
2007									
	Document ID #: 07000000DMR00	000	Program Code:	Amendment #: (1	f Applicable)		Program Type	:	UFR Prog. #:
Items To	Be Purchased		Nec	ed For Item	<u> </u>	Quantity	Estimate Unit Cos		Estimated Total Cost
									-
									-
									-
									-
									-
									-
									-
									-
									-
					To	tal Cost:	\$		-
DEPAR	TMENT USE ONI		neck the approp						
	Capital items pur Capital items pur				nde M11): -	7			
	Capital items pui	CHaseu i	by the Common	iwealth (object o	ode Will).	_			
are not eligi are not mov Title to all c to all capital	l items, as defined ble to be procured reable, an asset or apital items purchased b to the provisions of ceiving any federal	through the group of sed by the y the Conor OMB (	his capital budge assets that are be e Contractor thro nmonwealth thro Circular A-122 a	et: capital items de elow the Contractor ough this capital but ugh this capital but a capital budget the	efined under 80 or's capitalization of the control	8 CMR 1.0 on level, of with the C 11 object of the control of the	05(4)(b) which it is not a contractor (with code shall vestioned to acquire t	th includes pproved by th certain in the with the current	capital items that y the Department. restrictions). Title Commonwealth.
agency(ies). used in prog	Capital items of grams receiving feets are budgeted and	furnishing deral gran	gs and equipment funds may only	t purchased with y be acquired usir	Commonwealth g a capital bud	funds that lget if the	nt are to be or revenue and	wned by tl	he Contractor and
the UFR Ba derived from in the appr Commonwe	is acquired with Co clance Sheet in the in the capital budge copriate program(s calth, should be de- ed, using the sched	plant funct t when th on the preciated	d if the Contractor e asset is purcha Supplemental l and disclosed in	or holds title or in used should be disc Revenue Schedule on Supplemental E	the custodian f closed in progra e A. Capital a xpense Schedul	fund if the arm service assets, when B and S	Commonwea s on the UFR tether owned Schedule B-1	Statement by the Cas a non-	title. The revenue t of Activities and Contractor or the reimbursable cost
and descript	furnished through a tion of assets, source disposition standar	e of fund	ing, acquisition						
I,			, an ai	ıthorized signat	ory for				(the
Contractor	), hereby certify t	that the	Contractor's ca	pitalization level	established fo	r financia	al statement	purposes	by the board of
directors is	: an asset or gro	oup of as	sets of non-exp	endable personal	property hav	ing a use	ful life of m	ore than	one year and an
acquisition		co	st	of		\$_			·
								ı	olgnature)
									(Title)
									(Date)

d through a capital budget with Commonwealth funds. The following s defined under 808 CMR 1.05(4)(b) which includes capital items that ractor's capitalization level, or items not approved by the Department. It budget shall vest with the Contractor (with certain restrictions). Title I budget and the M11 object code shall vest with the Commonwealth.

et that utilizes federal grant funds to acquire capital items for use in Department receives prior written approval from the Federal awarding ith Commonwealth funds that are to be owned by the Contractor and using a capital budget if the revenue and expense associated with the ue and cost category of the program.

closed in the financial statements. The asset(s) should be disclosed on r in the custodian fund if the Commonwealth holds title. The revenue disclosed in program services on the UFR Statement of Activities and dule A. Capital assets, whether owned by the Contractor or the l Expense Schedule B and Schedule B-1 as a non-reimbursable cost onal Services Division. See also 808 CMR 1.05(2)(d).

t on file in the Contractor's written inventory, which notes the number on of assets, pursuant to 808 CMR 1.04(5). In addition, the Contractor

natory for	(th
evel established for financial statement	purposes by the board o
onal property having a useful life of m	ore than one year and a
\$	

### ATTACHMENT 2: PERFORMANCE MEASURES

Fiscal Year:		Contractor Nam	ne :	Program Name:	Program Name: CFDA # (1		
2007							
Docum	ent ID #:	Program Code:	Amendment #:(If Applicable)	Program Type:		UFR Prog. #:	
710007000000DMR00000			0				

### PERFORMANCE MEASURES

				GOAL *		
PROGRAM OUTCOMES	MEASURE	Year 1	Year 2	Year 3	Year 4	Year 5
1						
2						
3						
4						
5						
Ť				GOAL *		
PROGRAM OUTPUTS	MEASURE	Year 1	Year 2	Year 3	Year 4	Year 5
1	WENGERE	101	1001 2	10010	1001	1001 0
2						
3						
5						
3				GOAL *		
PROGRAM EFFICIENCY	MEASURE	Year 1	Year 2	Year 3	Year 4	Year 5
rogravi efficienci	WEASURE	rear 1	Year 2	rear 3	1ear 4	rear 5
1						
2						
3						
4						
5						
				GOAL *		
PROGRAM EFFECTIVENESS	MEASURE	Year 1	Year 2	Year 3	Year 4	Year 5
1						
2						
3						
4						
5						

<sup>\*</sup> Attach additional years, if appropriate

### ATTACHMENT 5: NON-REIMBURSABLE COST PROGRAM OFFSET SCHEDULE

Program Name:

CFDA # ( If Federal Funds )

Contractor Name:

FY:

-	+				<del></del>		<del></del>	
2007								
	Document ID #:	Program C	Code:	Amendment #:	(If Applicable)	Program Ty	pe:	UFR Prog.
7100	007000000DMR00000	)		0				
		<u> </u>			If Applicable	,		
Progra	ım Component	State		Non-	Source of	Related	Name of	Related Part
<b>.</b>	-	and / or Federal Reg.	Reii	mbursable Cost	Funds for Offset	Party (Yes / No)	Time of Remed Fare	
. Direct Ca	are / Program Support	Staff						
			\$					
			\$					
			\$					
. Other Di	rect Care							
- varea DI			\$	-				
			\$	-				
	-		\$	-				
	_		\$	-				
			\$	-				
			\$	-				
. Occupano	2V							
. эссиран	<del></del>		\$	-				
			\$	-				
			\$	-				
			\$	-				
			\$	-				
			\$	-				
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A .d	mativa C							
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<sup>\*</sup> Subtotal \$ \_\_\_\_

<sup>\*</sup> Subtotal must reconcile to line 2b on the Rate Calculation Page for Unit Rate / Accommodations Purchase budgets, or to line A on the bottom of the budget page for Cost Reimbursement budgets .

### Lookup Tables

#### Regions

Region Number	Region Name	Region Street	Region City	Region State
1	Central/West Regional Office	171 State Avenue	Palmer	MA
2	Central/West Regional Office	171 State Avenue	Palmer	MA
3	Northeast	P O Box A	Hathorne	MA
5	Southeast	68 North Main Street	Carver	MA
6	Metro Region- Fernald Center	200 Trapelo Road	Waltham	MA

### # **UFR TITLE DESCRIPTION** 101 Program Manager 102 Program Director 103 Asst. Program Director 104 Supvsr. Professional 105 Physician 106 Physician's Asst. 107 Reg. Nurse - Masters 108 Registered Nurse 109 Licensed Prac. Nurse 110 Pharmacist 111 Occupational Therapist 112 Physical Therapist 113 Speech /Lang. Pathol., Audiolgist 114 Dietician/Nutritionist 115 Spec. Educ. Teacher 116 Teacher 117 Day Care Director 118 Day Care Lead Teacher 119 Day Care Teacher 120 Day Care Asst. Teach./Aide 121 Psychiatrist 122 Psychologist-Doctorate 123 Psychologist-Masters 124 Social Worker-LICSW 125 Social Worker-LCSW 126 Social Worker-LSW 127 Licensed Conselor 128 Cert. Voc. Rehab. Couns. 129 Cert. Sub. Abuse Counselor 130 Counselor 131 Case Worker / Mgr. - Mstrs. 132 Case Worker / Manager 133 D. C. / Prog. Staff Super. 134 D. C./ Prog. Staff III 135 D. C./ Prog. Staff II 136 D. C./ Prog. Staff I 137 Pgrm. Secretarial / Clerical 138 Program Support 139 Direct Care Overtime

### **Activity Code**

Activity Code	
Activity Code	ACTIVITY CODE NAME
	Placement Services
3153	Residential Services
3161	Residential Services MSA
3163	Community Based Day Supports
3166	Day Supports MSA
3168	Employment Supports Services
3170	Clinical Team
3174	Support Services MSA
3176	Family Support Services
3177	Individual Support Services
	Emergency Residential Services
3196	Transportation
3197	Employment Supports MSA
	Medical Services
3282	Personal Agent Services
	Assistive Technology
	Transitional Services
3285	Day Habilitation Supplement
	Community Habilitation Supports
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Short #	Areas	Names
Officit #	Aicas	Central Office
	00	
	00	1000 Region 1
	10	2100 Berkshire
	11	2110 Franklin Hampshire
	12	2120 Springfield/Westfield
	14	2140 Hoyloke Chicopee
	15	2150 Springfield/Westfield
	16	2160 Region 2
	20	2200 North Central
	21	2210 South Valley
	22	2220 Monson Dev Center
	23	3230 Worcester
	24	2240 Region 3
	30	2300 Lowell
	31	2310 Merrimack
	32	2320 Glavin Reg Center
	33	3330 Central Middlesex
	34	2340 North Shore
	35	2350 Metro North
	38	2380 Hogan Berry Reg Center
	43	3430 Hogan Berry Reg Center
	43	4300 Region 5 SRS

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45	4500 Region 6 SRS
46	4600 Region 5
50	2500 Brockton
52	2520 Fernald Dev Center
53	3530 Taunton Attleboro
54	2540 Fall River
55	2550 New Bedford
56	2560 Cape Cod Islands
57	2570 Plymouth
58	2580 South Coastal
59	2590 Region 6
60	2600 Charles River West
61	2610 Dorchester Fuller
62	2620 Dever Reg Center
63	3630 Middlesex West
66	2660 Newton South Norfolk
67	2670 South Coastal
69	2690 Wrentham Dev Center
73	3730 Templeton Dev Center
83	3830

201	Direct Care Consultant
202	Temporary Help
203	Reimb/Stipends
204	Staff Training
205	Staff Mileage/Travel
206	Subcontract Dir. Care
207	Meals
208	Contracted Client Trans.
208.1	Vehicle Expenses***
208.2	Vehicle Depreciation***
209	Incid. Health/Med Care
210	Medicine /Pharmacy
211	Client Per. Allowances
212	Prov. Of Material Good
	Direct Client Wages
214.2	Other Commercial Prod. & Svs.
215	Program Supplies/Mat.***